

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Near Metro Pillar No. 109-110, New Sanganeer Road,
Sodala, Jaipur-302019

Tele : 0141-2293346, 4049787, 9887049787

Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

General Physical Examination

Date of Examination: 07-04-24.

Name: Shishir. pargjapati Age: 38 Sex: Male.

DOB: 20.11.1984.

Referred By: ROP.

Photo ID: Adhary ID #: attached

Ht: 161 (cm) Wt: 67 (Kg)

Chest (Expiration): 102 (cm) Abdomen Circumference: 77 (cm)

Blood Pressure: 135/72 mm Hg PR: 90 / min

BMI 25.8 Kg/m²

Eye Examination: dis vision 6/6. Near vision N/B.

no colour blindness

Other: Not significant

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee : _____

Piyush Goyal
M.B.B.S., D.M.R.D
C.Reg. No.-017996

Name of Examinee: _____

Signature Medical Examiner : _____

Name Medical Examiner _____



भारत सरकार

Government of India

शिशिर प्रजापति

Shishir Prajapati

जन्म तिथि / DOB : 20/11/1984

पुरुष / Male

Shishir Prajapati
Aadhaar No. 517936



7509 7424 1944

मेरा आधार, मेरी पहचान



आधार निर्माण प्राधिकरण

Unique Identification Authority of India

पता: आत्मज: बनवारी लाल	Address: S/O: Banwan Lal Prajapati, Kiran
प्राजापति, किरण नर्सिंग होम, हटवाडा	nursing home, hatwara road, Jaipur, Ajmer
रोड, जयपुर, अजमेर रोड, राजस्थान,	Road, Rajasthan, 302006
302006	

7509 7424 1944



1947



help@uidai.gov.in

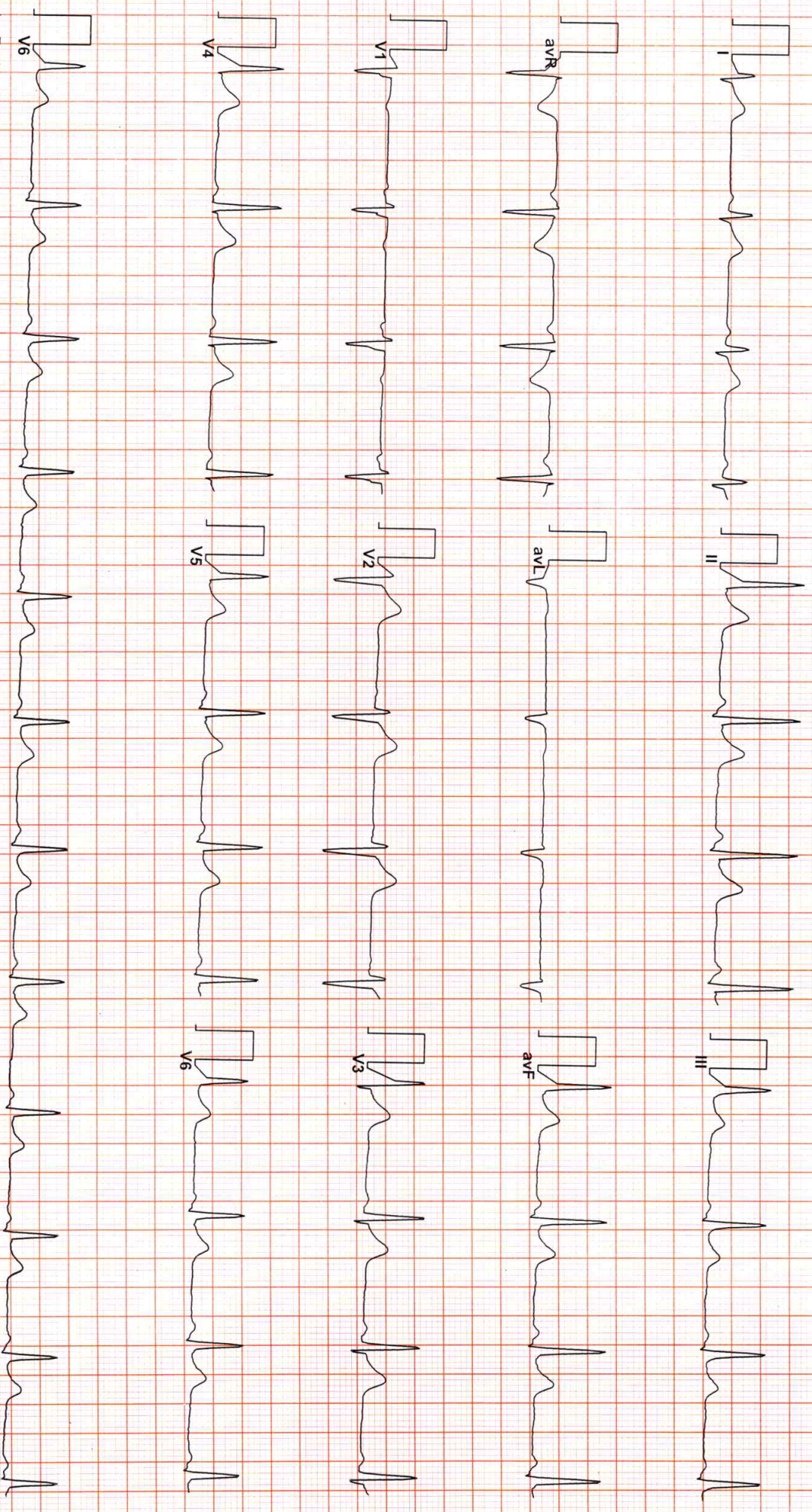


www.uidai.gov.in

Dr. GOYAL'S PATH LAB & IMAGING CENTRE

90 / MR SHISHIR PRAJAPTI / 38 Yrs / M / Non Smoker
Heart Rate : 67 bpm / Tested On : 07-Apr-24 10:33:40 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB / MEDIWHEEL

ECG



Vent Rate : 67 bpm
PR Interval : 138 ms
QRS Duration : 94 ms
QT/QTc Int : 370/382 ms
P-QRS-T axis : 61.00 • 78.00 • 58.00
Allergers ECG (Piscas)(PIS215190517)

D Naresh Kumar Mohanaka
RMC No: 35703
MBBS, DIP, CARDIO (ESCORT 3)
D.E.M. (RCGP-UK)

T.M.S.K

29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg Date: 07-Apr-2024 Technician : BOB /MEDIWHEEL Examined By:

Stage	Time	Duration	Belt Speed (mph)	Elevation	METS	Rate	%THR Achieved	BP	RPP	PVC	Comments
Supine	00:35	0:34	01.1	00.0	01.0	085	47%	120/80	102	00	
Standing	01:23	0:48	01.1	00.0	01.0	079	43%	120/80	094	00	
HV	01:57	0:34	01.1	00.0	01.0	082	45%	120/80	098	00	
Warm Up	03:24	1:27	01.1	00.0	01.0	094	52%	120/80	112	00	
ExStart	03:27	1:27	01.1	00.0	01.0	094	52%	120/80	112	00	
BRUCE Stage 1	06:27	3:00	01.7	10.0	04.7	117	64%	136/86	159	00	
BRUCE Stage 2	09:27	3:00	02.5	12.0	07.1	142	78%	150/90	213	00	
BRUCE Stage 3	12:27	3:00	03.4	14.0	10.2	155	85%	160/90	248	00	
PeakEx	15:22	2:55	04.2	16.0	13.4	169	93%	166/90	280	00	
Recovery	17:21	2:00	00.0	00.0	01.0	121	66%	160/90	193	00	
Recovery	19:21	4:00	00.0	00.0	01.0	104	57%	146/90	151	00	
Recovery	20:47	5:25	00.0	00.0	01.0	098	54%	126/80	123	00	

Findings :

Exercise Time : 11:55
 Max HR Attained : 169 bpm 93% of Target 182
 Max BP Attained : (Sys) 166/90
 Max Workload Attained : 13.4 Good response to induced stress
 Max ST Dep Lead & Value : V1 & -0.7 mm in Stage 2 mm
 Test Objective : GHDFEWASFSAFD ASSAS
 Test End Reasons : Test Complete, Heart Rate Achieved

Report :

TNT IS Negative for AMI

Dr. Naresh Kumar Mohanika
 RMC No. 35705
 MBBS, DIP. CARDIO (ESCORTIS)
 D.E.M. (RCGP-UK)

Date: 07-Apr-2024 10:34:53 AM

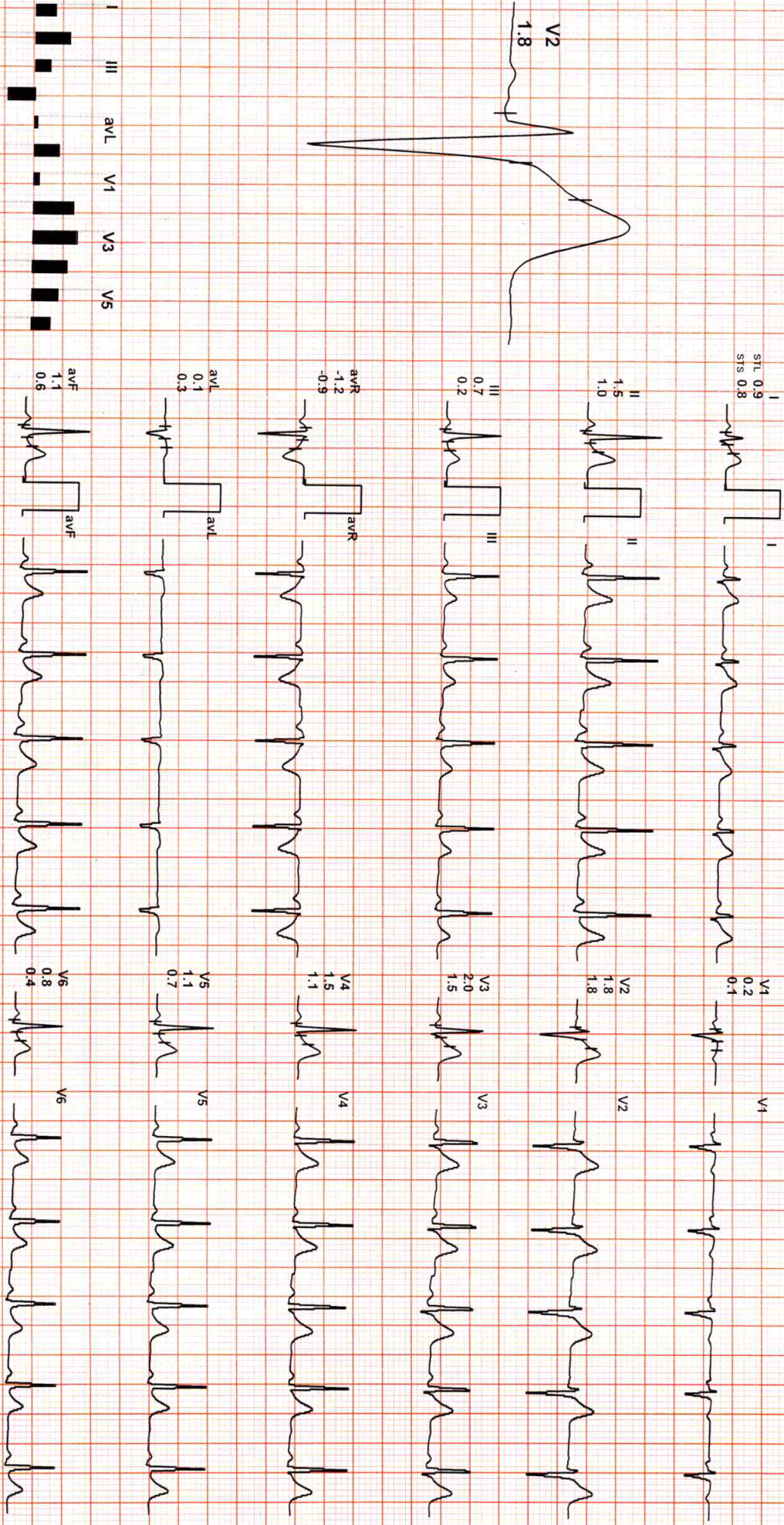
METS: 1.0/ 85 bpm 46% of THR BP: 120/80 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 HzL F 100 Hz

EXTime: 00:34 1.1 mph, 0.0%

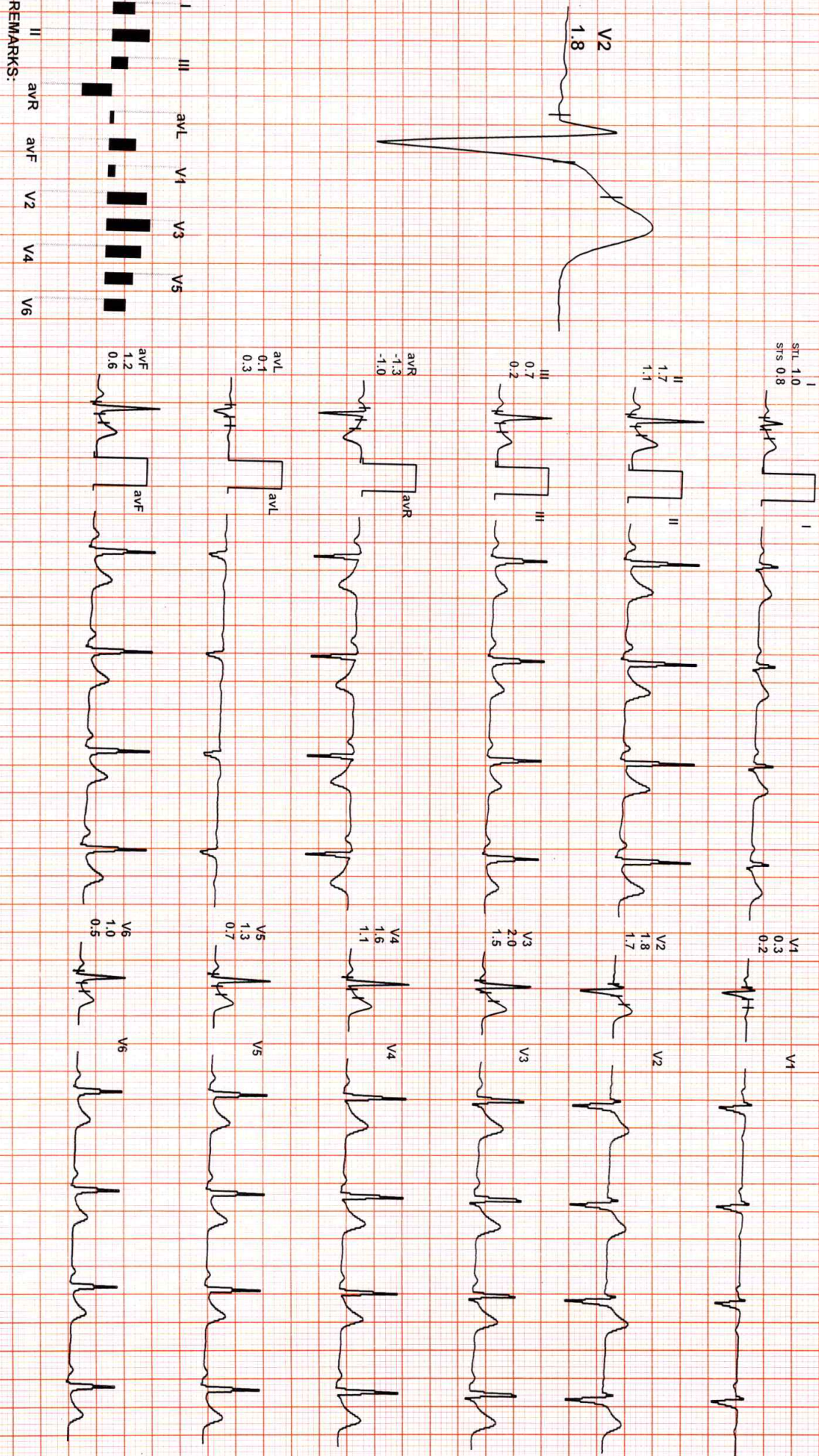
4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

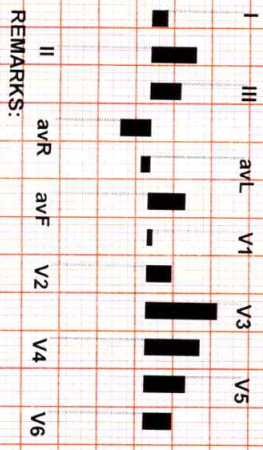
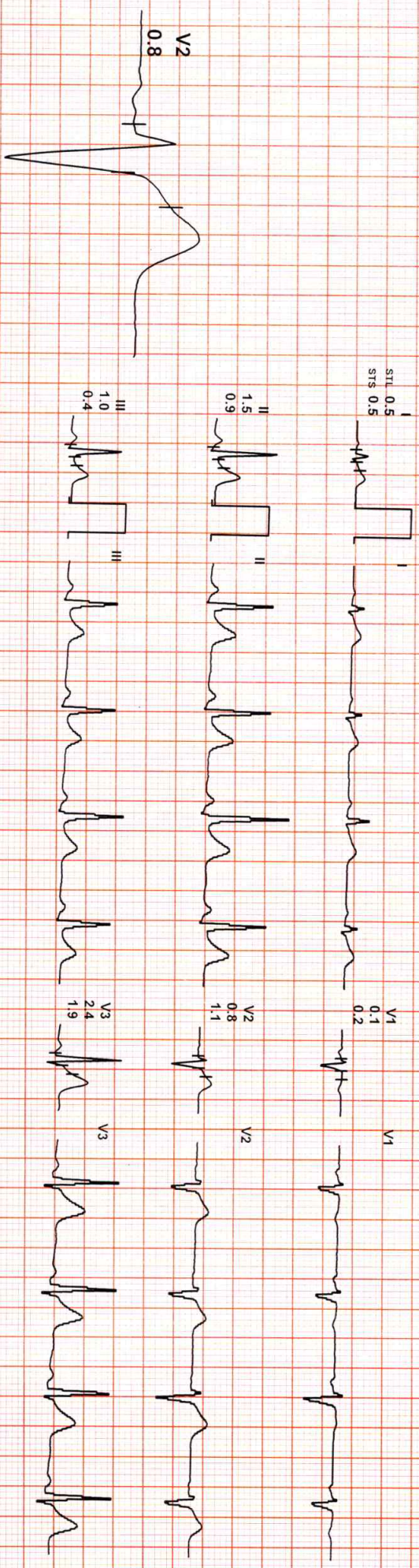


REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(GEM214190403)(R)Allengers



REMARKS:



REMARKS:

(SEM214190403)(R)Allengers

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29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 94

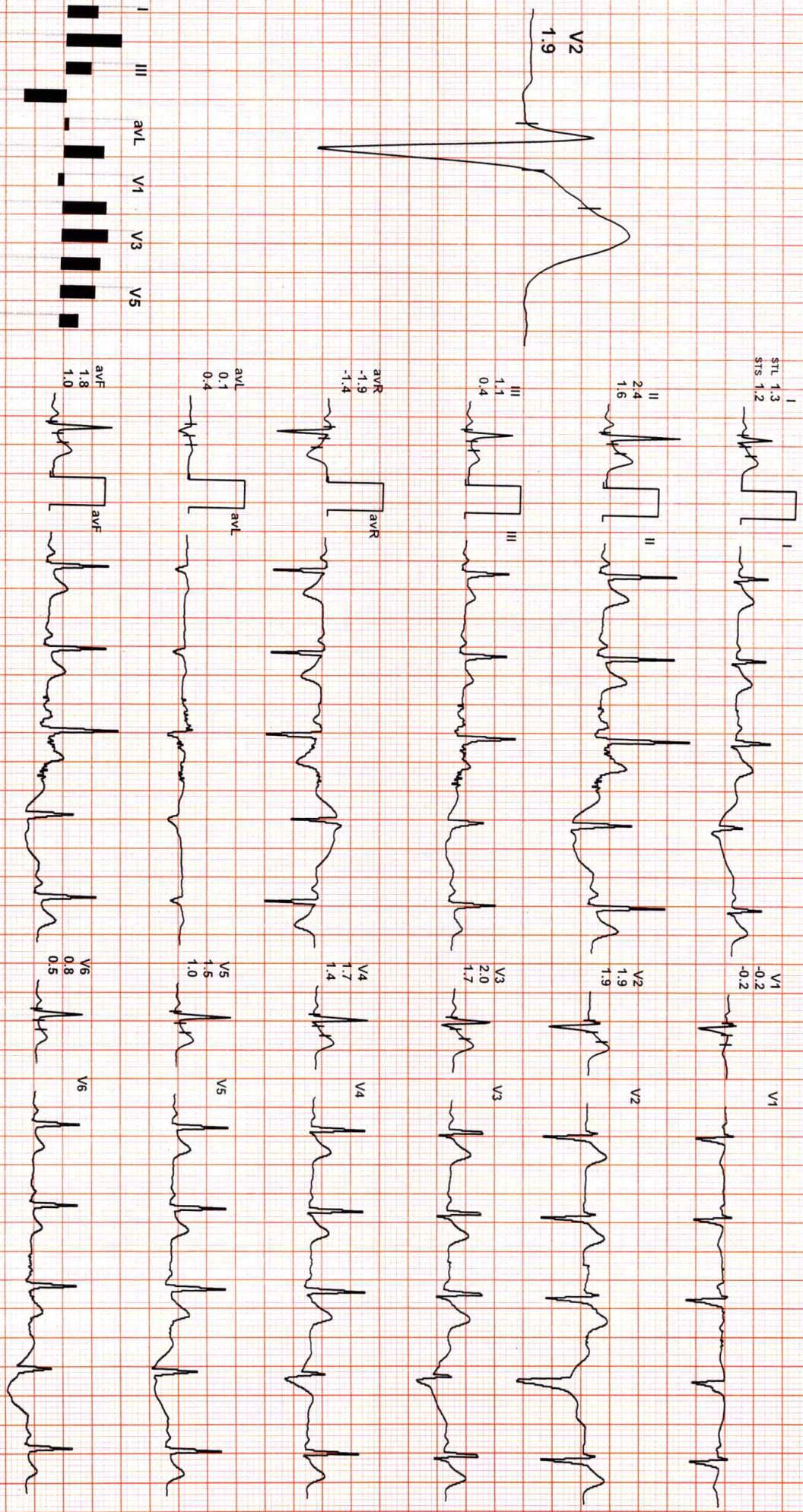
Date: 07-Apr-2024 10:34:53 AM METS: 1.0/ 94 bpm 51% of THR BP: 120/80 mmHg

4X 80 ms Post J Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

Warm Up

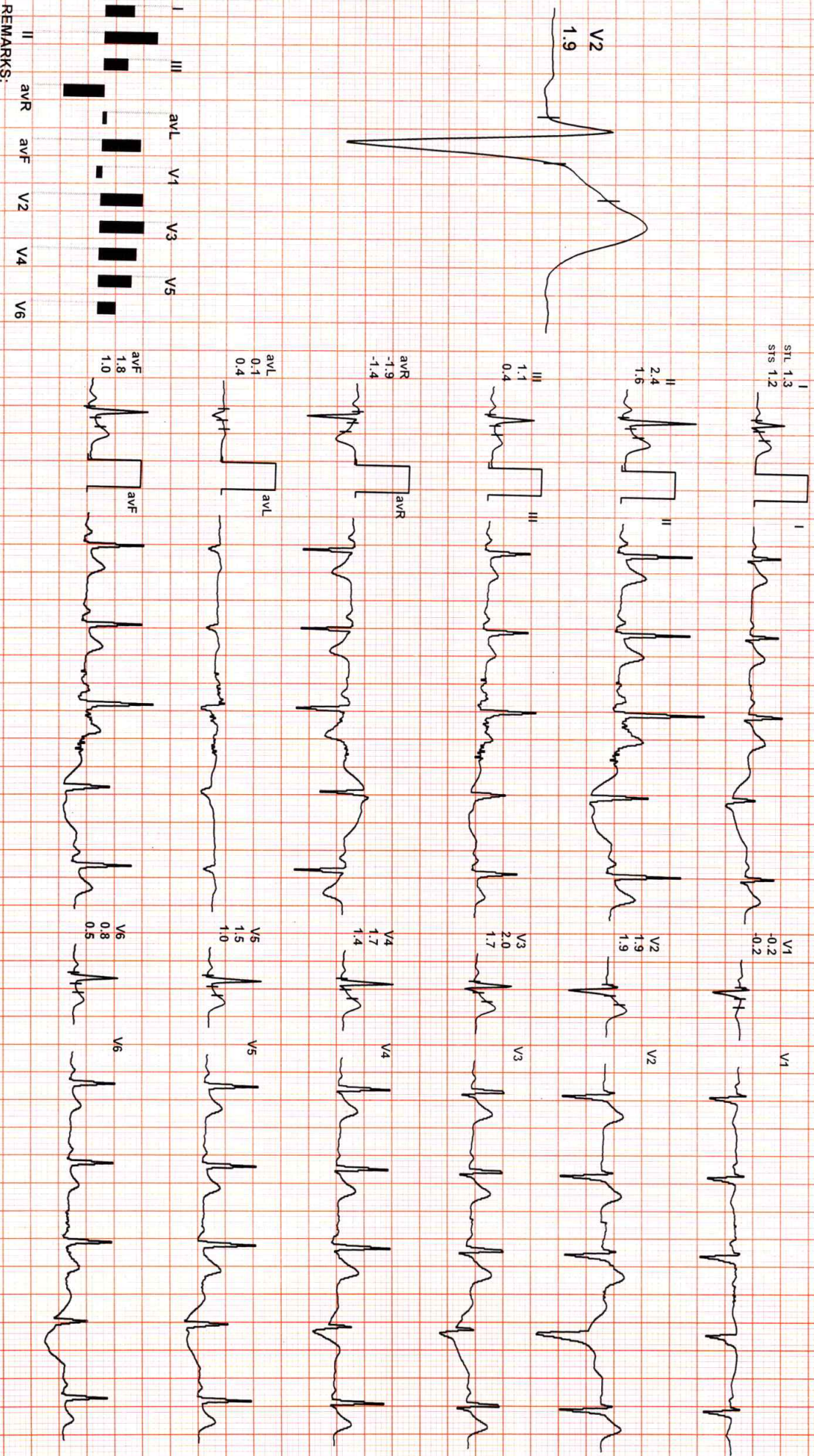


EXTime: 03:23 1.1 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(GEM214190403)(R)Allengers



REMARKS:



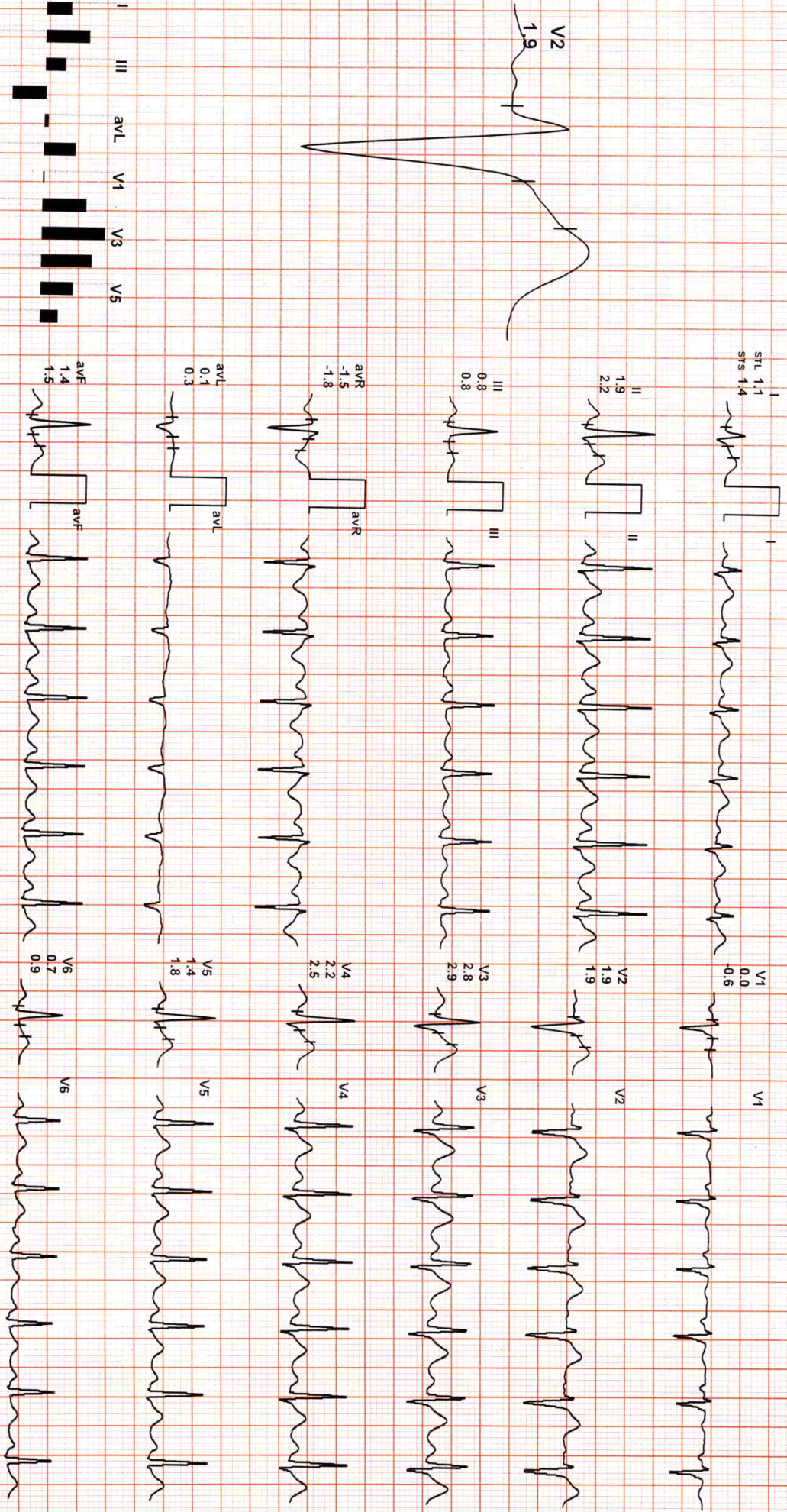
29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 117

Date: 07-Apr-2024 10:34:53 AM METS: 4.71 117 bpm 64% of THR BP: 136/86 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 70 mS Post J

EXTime: 03:00 1.7 mph 10.0% 25 mm/Sec. 1.0 Cm/mv



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

(GEM214190403)(R)Allengers

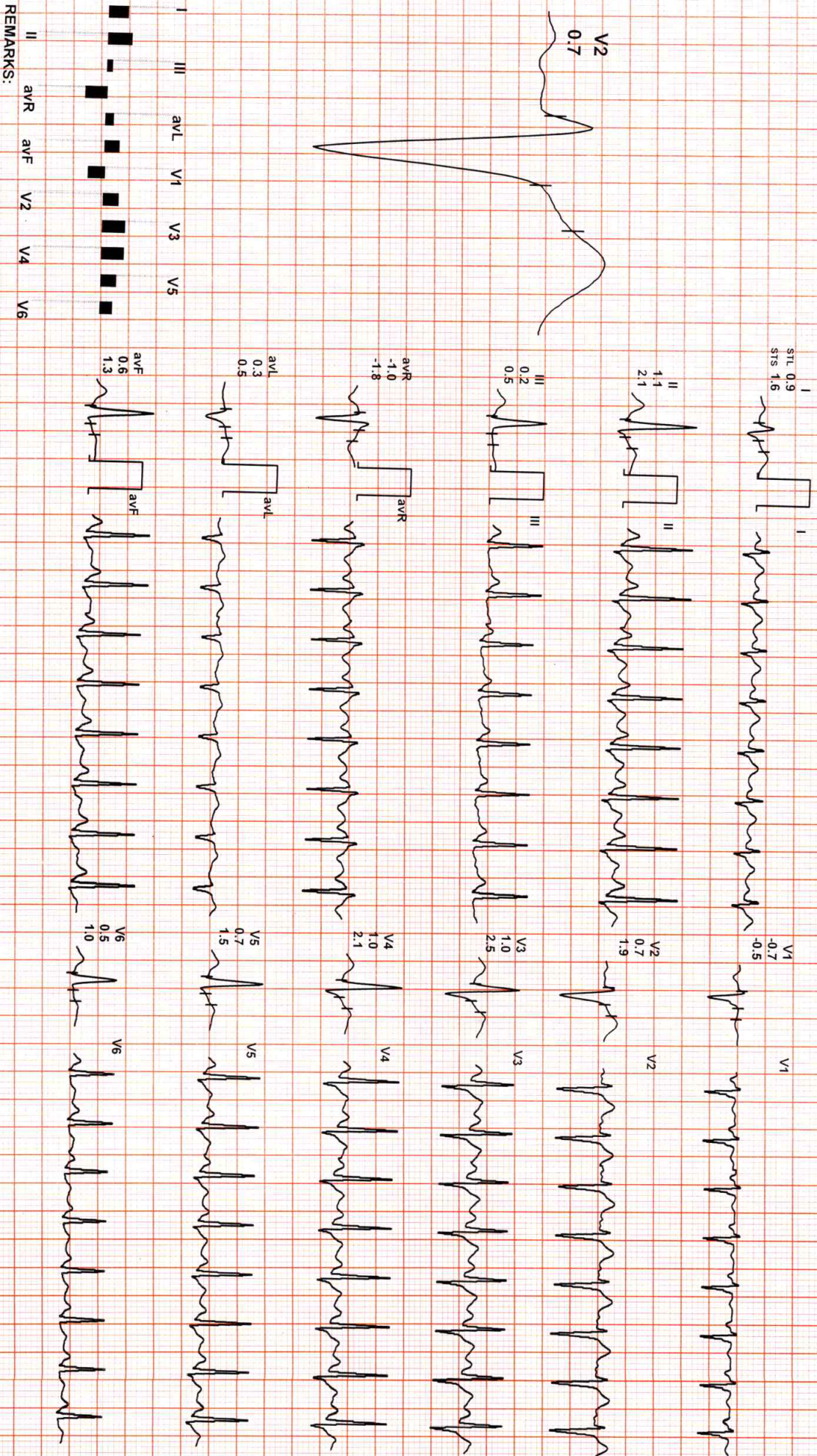


Date: 07-Apr-2024 10:34:53 AM METS: 7.1/ 142 bpm 78% of THR BP: 150/90 mmHg

4X 60 mS Post J

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 06:00 2.5 mph 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 155

Date: 07-Apr-2024 10:34:53 AM

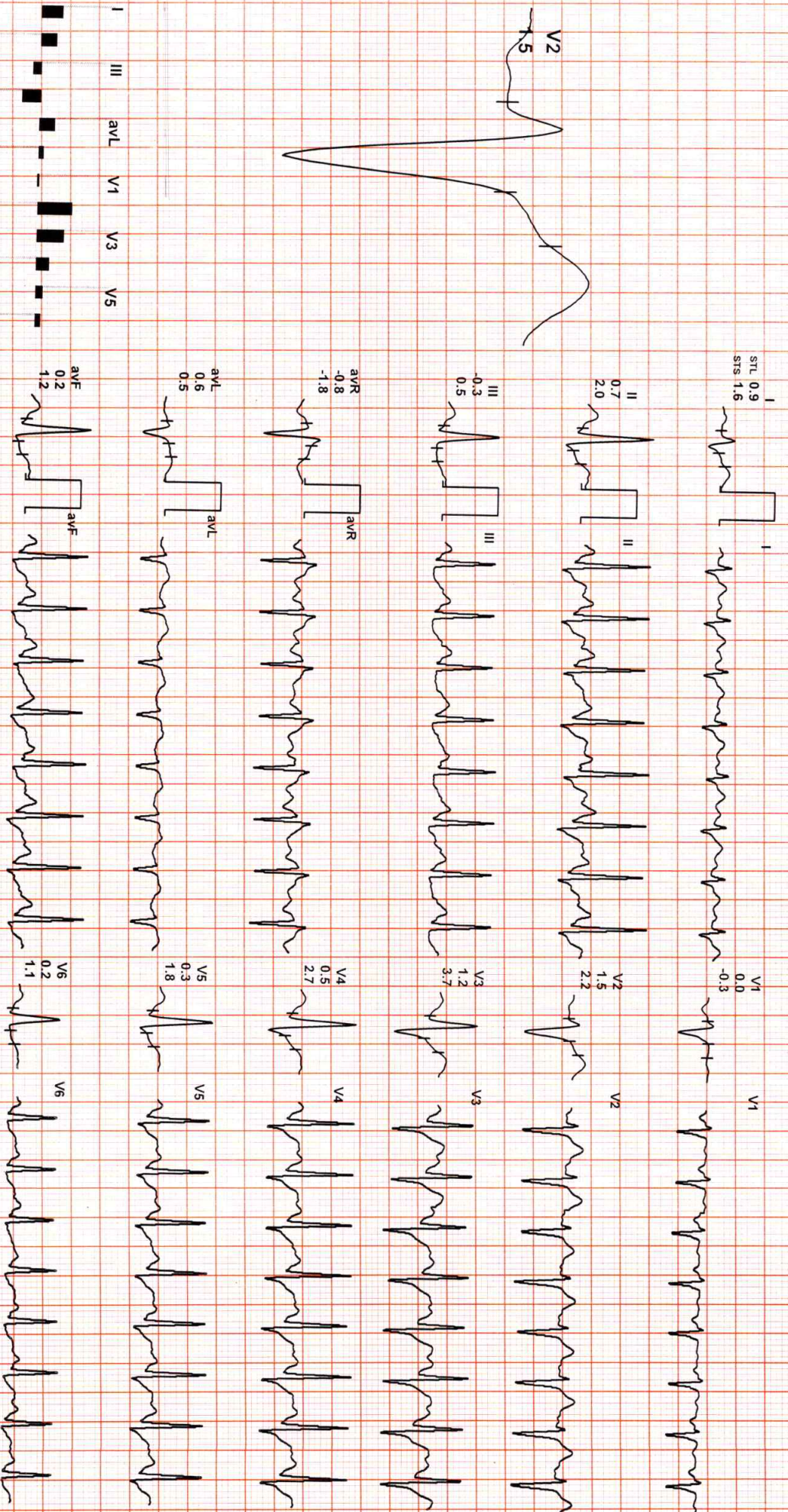
METS: 10.21 155 bpm 85% of THR BP: 160/90 mmHg

Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X

60 ms Post J

EXTime: 09:00 3.4 mpm 14.0%
25 mm/Sec. 1.0 Cm/mV



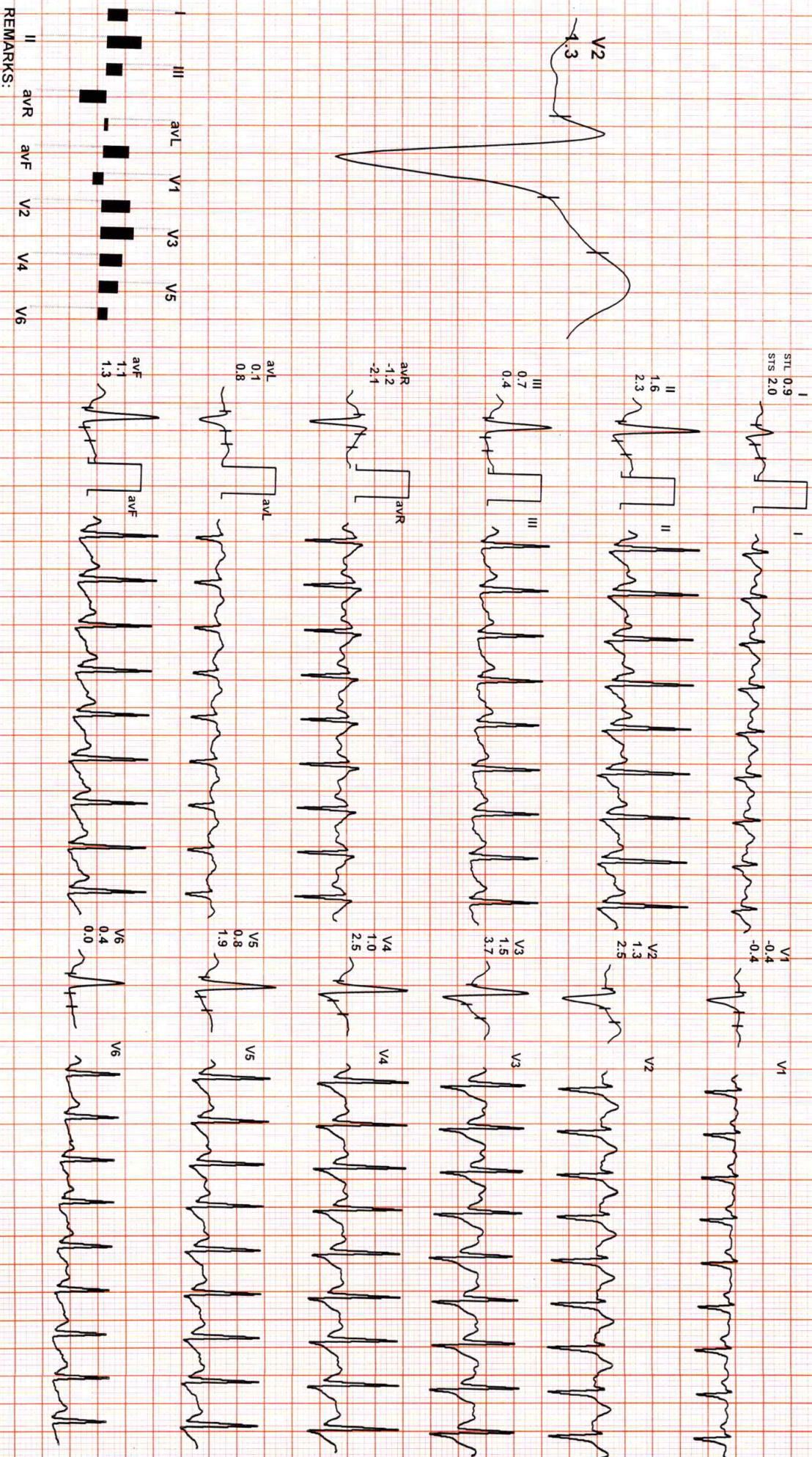
REMARKS:
II avR avF V2 V4 V6

DR. GOYAL PATH LAB & IMAGING CENTER

29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 169

Date: 07-Apr-2024 10:34:53 AM METS: 13.4/ 169 bpm 92% of THR BP: 166/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

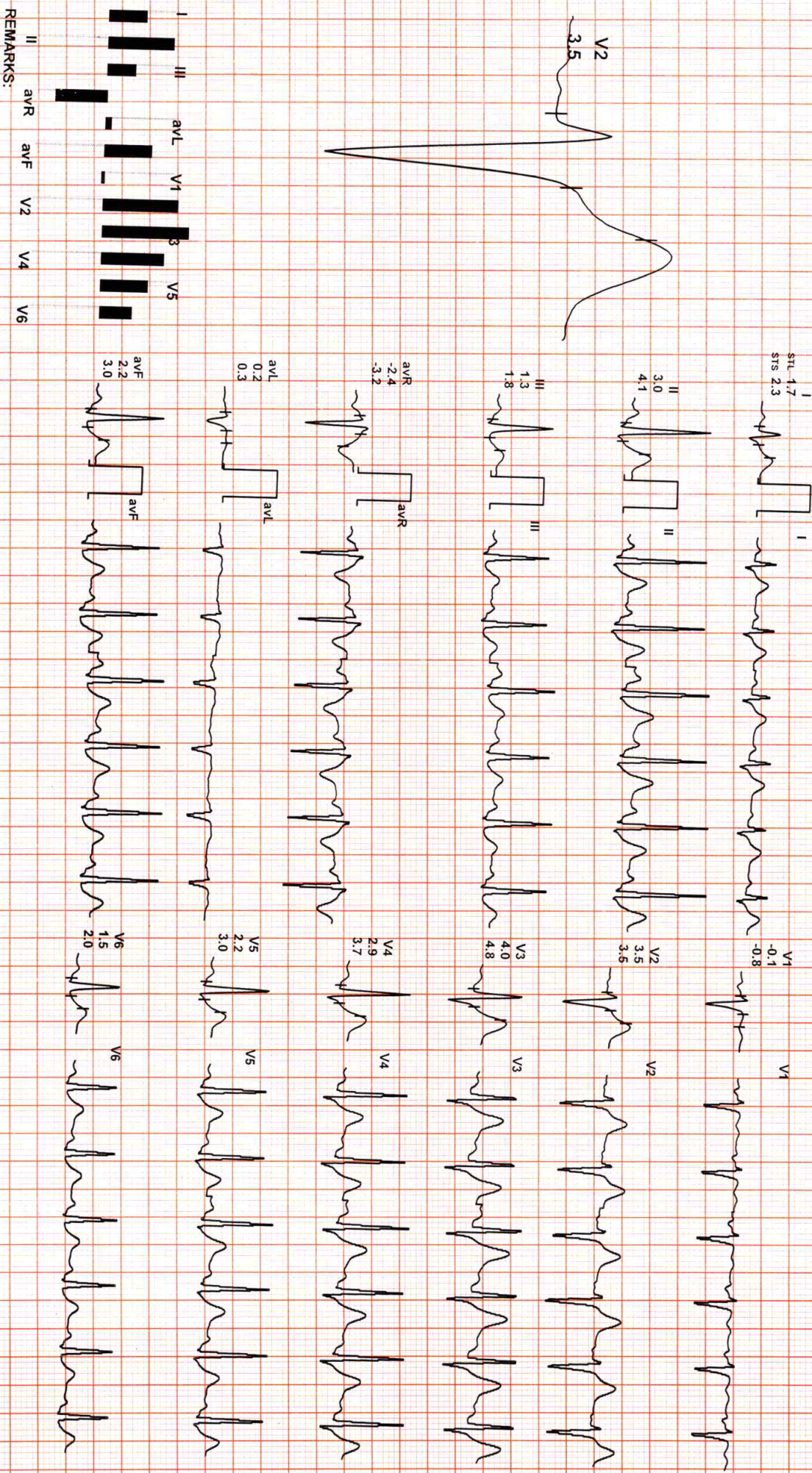
ExTime: 11:55 4.2 mph 16.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

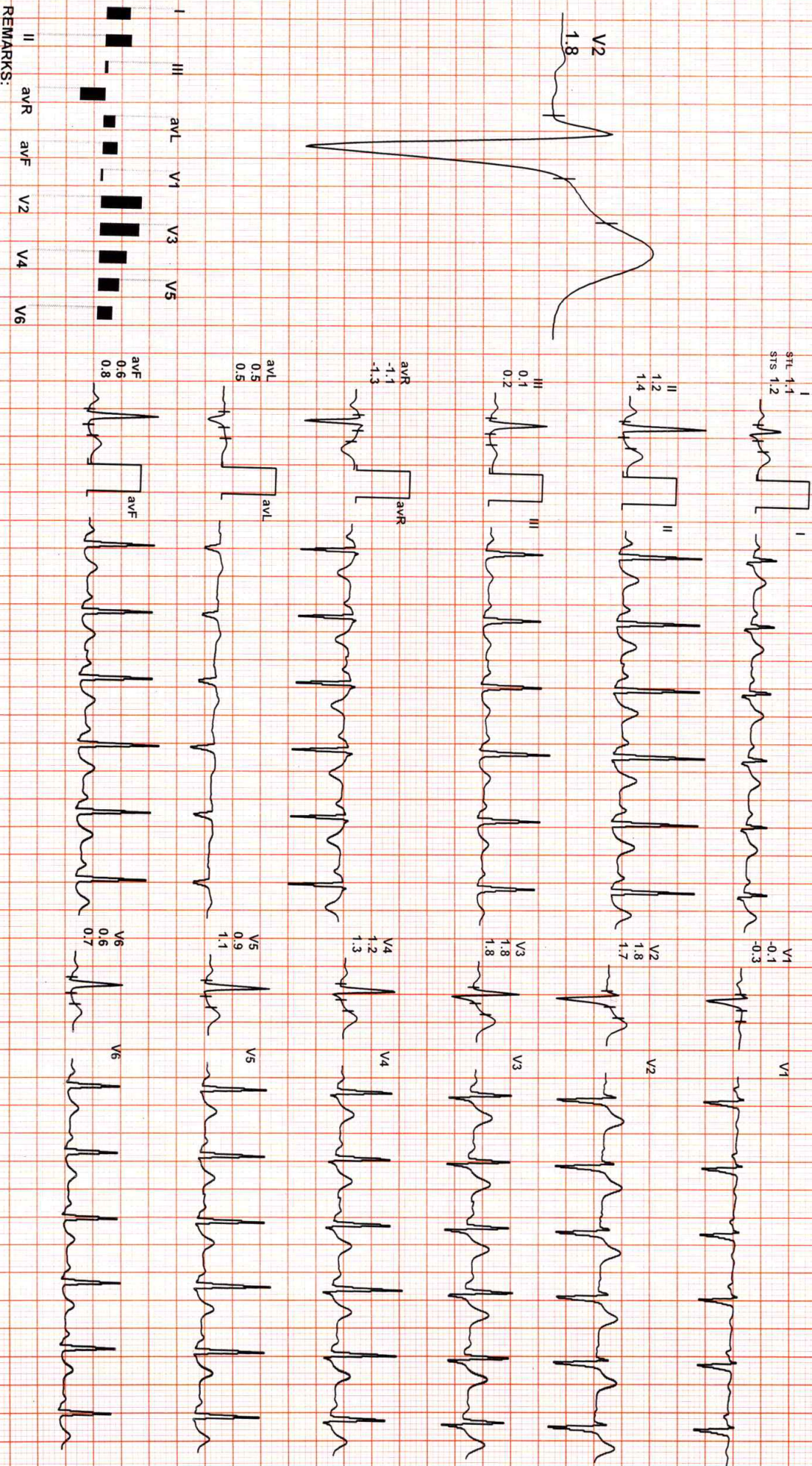
4X 80 ms Post J

Recovery(2:00)



REMARKS:

(GEM214190403)(R)Allengers



REMARKS:

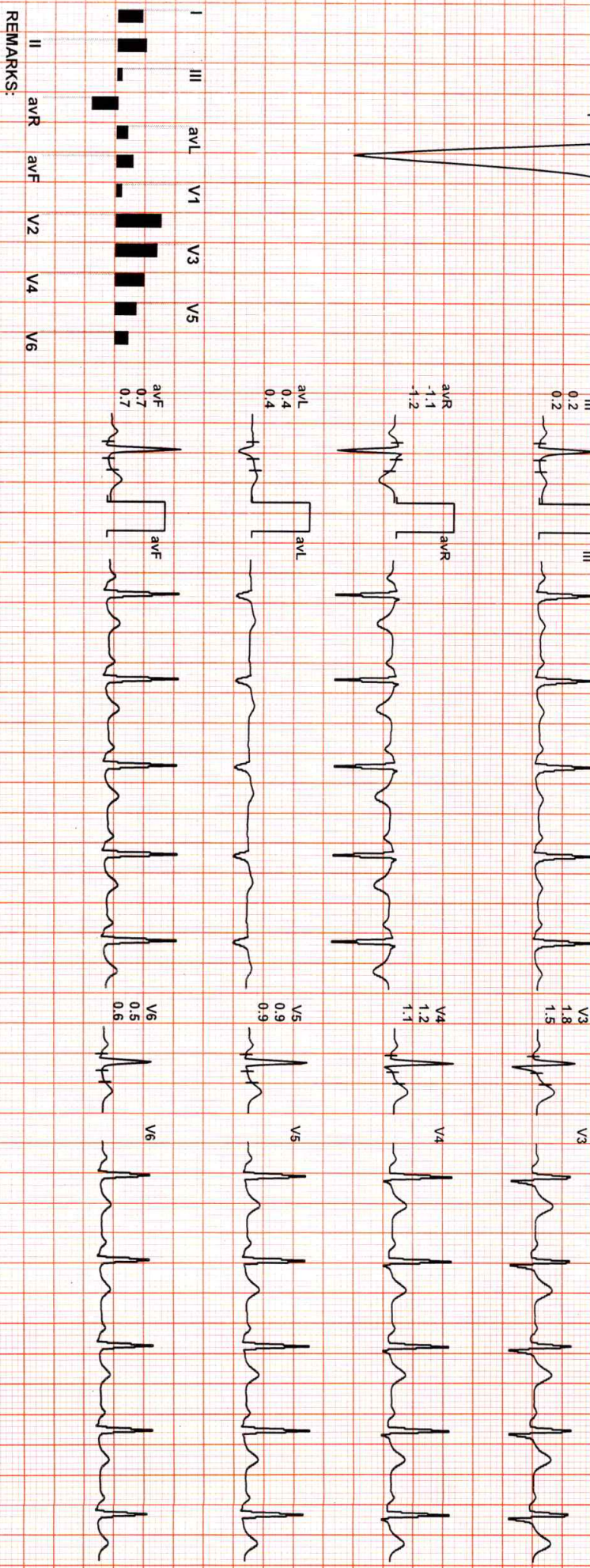
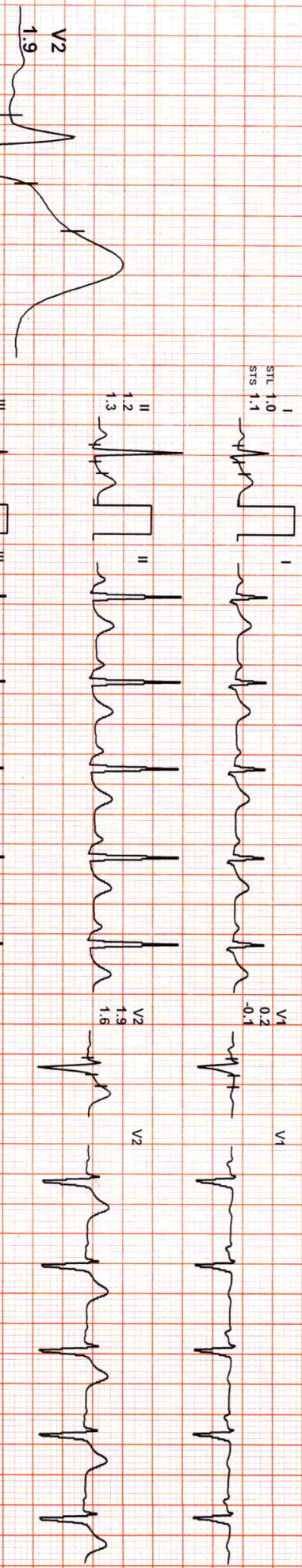


29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 98

Date: 07-Apr-2024 10:34:53 AM METS: 1.0/ 98 bpm 53% of IHR BP: 126/80 mmHg Combined Medians/ ECG On/ Notch On/ HF 0.05 Hz/ LF 100 Hz

4X 80 mS Post J

ExTime: 11:55 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV



REMARKS:

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29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 72

Date: 07-Apr-2024 10:34:53 AM

I II III

avR

avL

avF

V1

V2

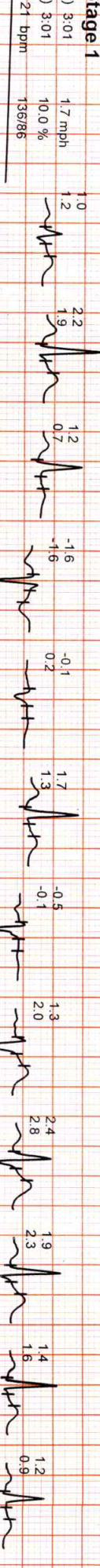
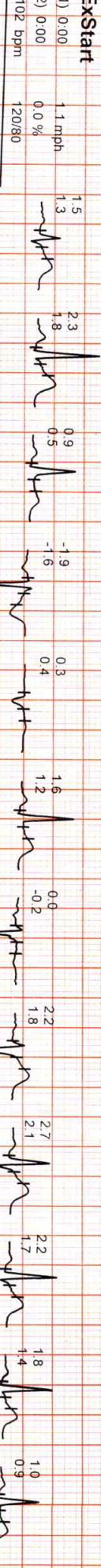
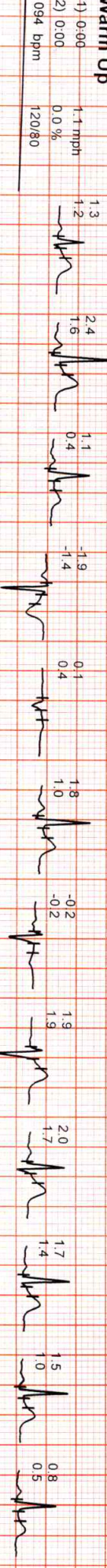
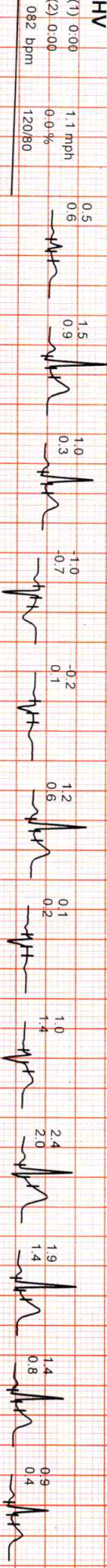
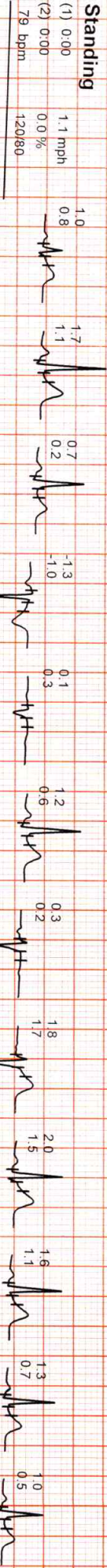
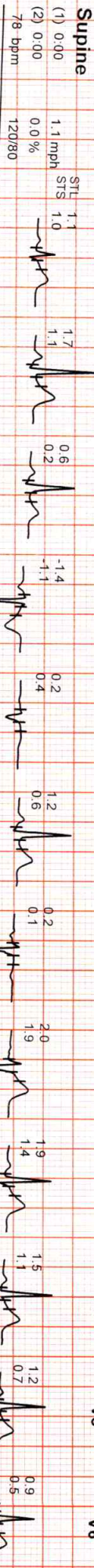
V3

V4

V5

V6

Average

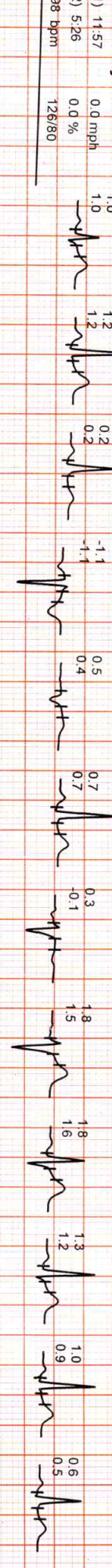
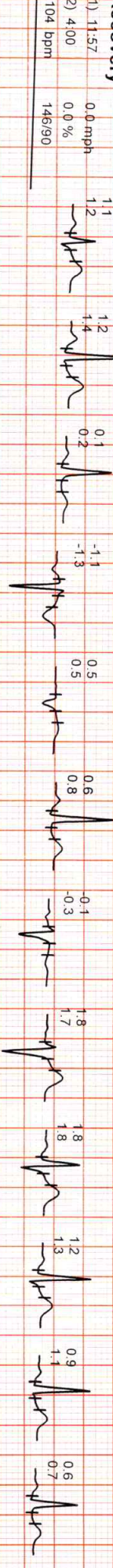
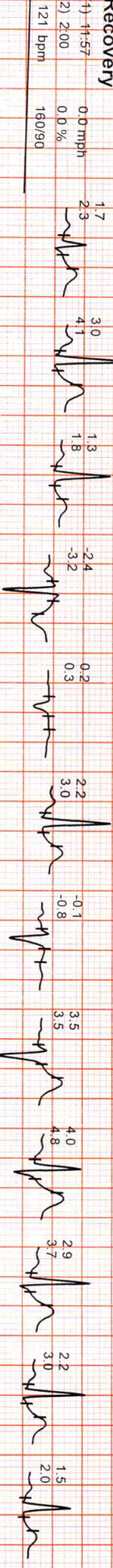
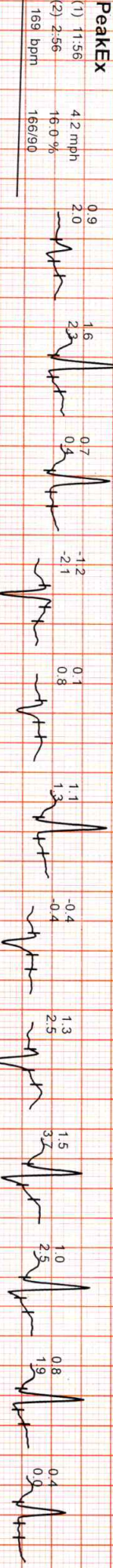
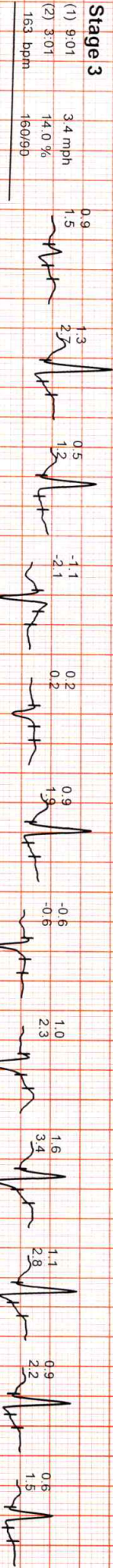
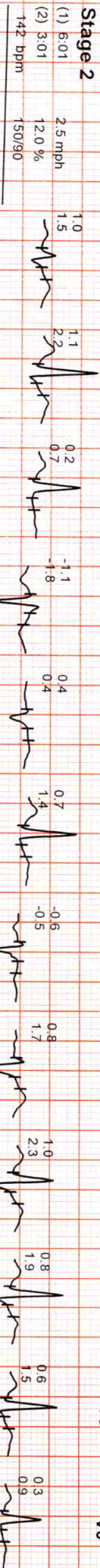


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29 / MR SHISHIR PRAJAPATI / 38 Yrs / M / 0 Cms / 0 Kg / HR : 72

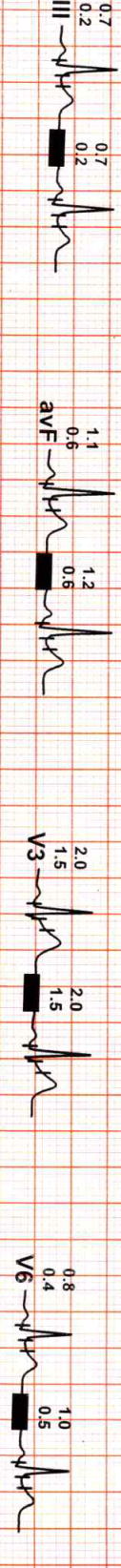
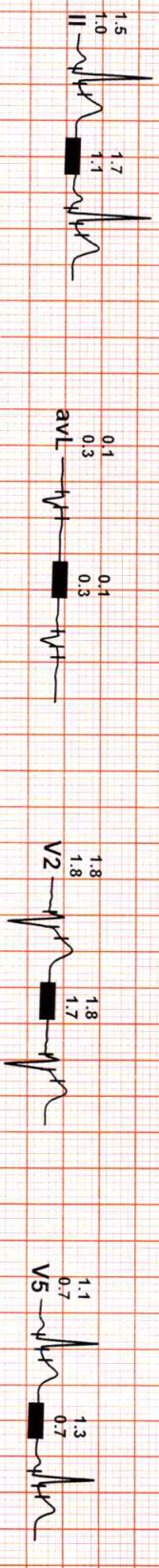
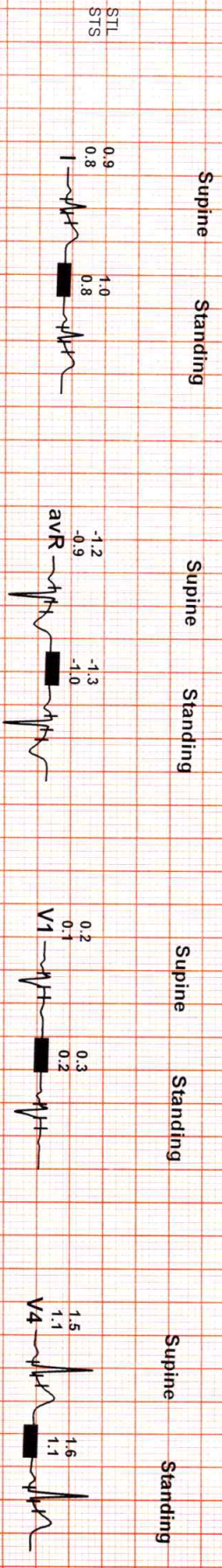
Date: 07-Apr-2024 10:34:53 AM I II III avR avL avF V1 V2 V3 V4 V5 V6

Average





Supine	PhTime 0:34	StageTime 0:34	1.1 mph	0.0%	1.0 METS	85 bpm	120/80	@80mSec Post J
Standing:	PhTime: 1:22	StageTime: 0:48	1.1 mph	0.0%	13.4 METS	79 bpm	120/80	@80mSec Post J



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 Sodala, Jaipur-302019
 Tele : 0141-2293346, 4049787, 9887049787
 Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 07/04/2024 09:42:06 Patient ID :-122424824
NAME :- Mr. SHISHIR PRAJAPATI Ref. By Dr:- BOB
 Sex / Age :- Male 38 Yrs Lab/Hosp :-
 Company :- MediWheel



Sample Type :- KOx/Na FLUORIDE-F, KOx/Na Sodium Chloride, Urine SERUM 07/04/2024 09:44:52 Final Authentication : 07/04/2024 16:30:27

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	103.5	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		
<p>Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .</p>			
BLOOD SUGAR PP (Plasma) Method:- GOD PAP	125.4	mg/dl	70.0 - 140.0
<p>Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases .</p>			
SERUM CREATININE Method:- Colorimetric Method	1.19	mg/dl	Men - 0.6-1.30 Women - 0.5-1.20
SERUM URIC ACID Method:- Enzymatic colorimetric	6.87	mg/dl	Men - 3.4-7.0 Women - 2.4-5.7

MUKESH SINGH, SURENDRAKHANGA



Dr. Rashmi Bakshi
 MBBS. MD (Path)
 RMC No. 17975/008828

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Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpiyush@gmail.com

Patient ID :-122424824

Ref. By Dr:- BOB

Lab/Hosp :-



NAME :- Mr. SHISHIR PRAJAPATI

Sex / Age :- Male 38 Yrs

Company :- MediWheel

Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 14:08:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
-----------	-------	------	-------------------------

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.6

%

Method:- HPLC

Non-diabetic: < 5.7
Pre-diabetics: 5.7-6.4
Diabetics: = 6.5 or higher
ADA Target: 7.0
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycosylated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1C measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE

114

mg/dL

Method:- Calculated Parameter

Non Diabetic < 100 mg/dL
Prediabetic 100- 125 mg/dL
Diabetic 126 mg/dL or Higher

MUKESH SINGH
Technologist

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NAME :- Mr. SHISHIR PRAJAPATI

Sex / Age :- Male 38 Yrs

Company :- MediWHEEL

Patient ID :- 122424824

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 14:08:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	17.1 H	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	8.89	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	53.8	%	40.0 - 80.0
LYMPHOCYTE	35.0	%	20.0 - 40.0
EOSINOPHIL	7.7 H	%	1.0 - 6.0
MONOCYTE	3.2	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	4.79	10 ³ /uL	1.50 - 7.00
LYMPH#	3.11	10 ³ /uL	1.00 - 3.70
EO#	0.68 H	10 ³ /uL	0.00 - 0.40
MONO#	0.28	10 ³ /uL	0.00 - 0.70
BASO#	0.03	10 ³ /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.70 H	x10 ⁶ /uL	4.50 - 5.50
HEMATOCRIT (HCT)	53.80 H	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	94.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.9	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	31.7	g/dL	31.5 - 34.5
PLATELET COUNT			
RDW-CV	13.5	%	11.6 - 14.0
MENTZER INDEX	16.56		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

MUKESH SINGH
Technologist

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Dr. Rashmi Bakshi
MBBS, MD (Path)
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Sex / Age :- Male 38 Yrs

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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 14:08:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR)	03	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance. and

or connective tissue disease. MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Website: www.dr.goyalspathlab.com | E-mail: dr.goyalpiyush@gmail.com

Patient ID :- 122424824

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 13:28:03

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	192.34	mg/dl	Desirable <200 Borderline 200-239 High > 240
TRIGLYCERIDES Method:- GPO-PAP	111.87	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	43.88	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	129.82	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	22.37	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	4.38		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.96		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	565.93	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL **InstrumentName:**Randox Rx Imola **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

TRIGLYCERIDES **InstrumentName:**Randox Rx Imola **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDLCHOLESTERO **InstrumentName:**Randox Rx Imola **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

DIRECT LDL-CHOLESTEROL **InstrumentName:**Randox Rx Imola **Interpretation:** Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.

TOTAL LIPID AND VLDL ARE CALCULATED

SURENDRAXHANGA

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Patient ID :- 122424824



NAME :- Mr. SHISHIR PRAJAPATI

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 13:28:03

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.66	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.21	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.45	mg/dl	0.30-0.70
SGOT Method:- IFCC	36.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	57.7 H	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	92.70	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	33.50	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	7.45	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	5.00	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.45	gm/dl	2.20 - 3.50
A/G RATIO	2.04		1.30 - 2.50

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in rhesus incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

ALT Alanine Aminotransferase Methodology: IFCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology: Biuret Reagent InstrumentName: Randox Rx Imola Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

ALBUMIN (ALB) Methodology: Bromocresol Green InstrumentName: Randox Rx Imola Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal)

SURENDRAKHANGA

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Patient ID :- 122424824

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 12:54:51

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.000	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	7.270	ug/dl	6.530 - 13.210
SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay	5.156	μIU/mL	0.350 - 5.500

Interpretation: Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

Interpretation : The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

Interpretation : TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

NARENDRAKUMAR
Technologist

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Patient ID :-122424824



NAME :- Mr. SHISHIR PRAJAPATI

Ref. By Dr:- BOB

Sex / Age :- Male 38 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- KOx/Na FLUORIDE-F, PLAIN/SERUM Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 13:28:03

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	103.5	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111 - 125 mg/dL		
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

SERUM CREATININE
Method:- Colorimetric Method

1.19 mg/dl

Men - 0.6-1.30
Women - 0.5-1.20

SERUM URIC ACID
Method:- Enzymatic colorimetric

6.87 mg/dl

Men - 3.4-7.0
Women - 2.4-5.7

SURENDRAKHANGA

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NAME :- Mr. SHISHIR PRAJAPATI

Sex / Age :- Male 38 Yrs

Company :- MediWheel

Patient ID :- 122424824

Ref. By Dr:- BOB

Lab/Hosp :-



HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BILAL, MUKESH SINGH, NARENDRAKUMAR, SURENDRAKHANGA

Page No: 8 of 10



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NAME :- Mr. SHISHIR PRAJAPATI

Sex / Age :- Male 38 Yrs

Company :- MediWheel

Patient ID :- 122424824

Ref. By Dr:- BOB

Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 14:08:48

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO

"O" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Kit Name :** Monoclonal agglutinating antibodies (Span clone).

MUKESH SINGH
Technologist

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Date : 07/04/2024 09:42:00
NAME :- Mr. SHISHIR PRAJAPATI
Sex / Age :- Male 38 Yrs
Company :- MediWheel

Patient ID :-122424824
Ref. By Dr:- BOB
Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 07/04/2024 09:44:52

Final Authentication : 07/04/2024 13:28:03

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.6	mg/dl	0.0 - 23.0

*** End of Report ***

SURENDRAKHANGA

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Date :- 07/04/2024 09:42:06 Patient ID :- 122424824
NAME :- Mr. SHISHIR PRAJAPATI Ref. By Doctor:-BOB
Sex / Age :- Male 38 Yrs Lab/Hosp :-
Company :- MediWheel

Final Authentication : 07/04/2024 15:29:18

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is mildly enlarged in size (~15.6cm). Echo-texture is bright No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size with normal echo-texture and outline. No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

* Mild hepatomegaly with grade I fatty changes.

Needs clinical correlation.

*** End of Report ***

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BILAL

Transcript by.

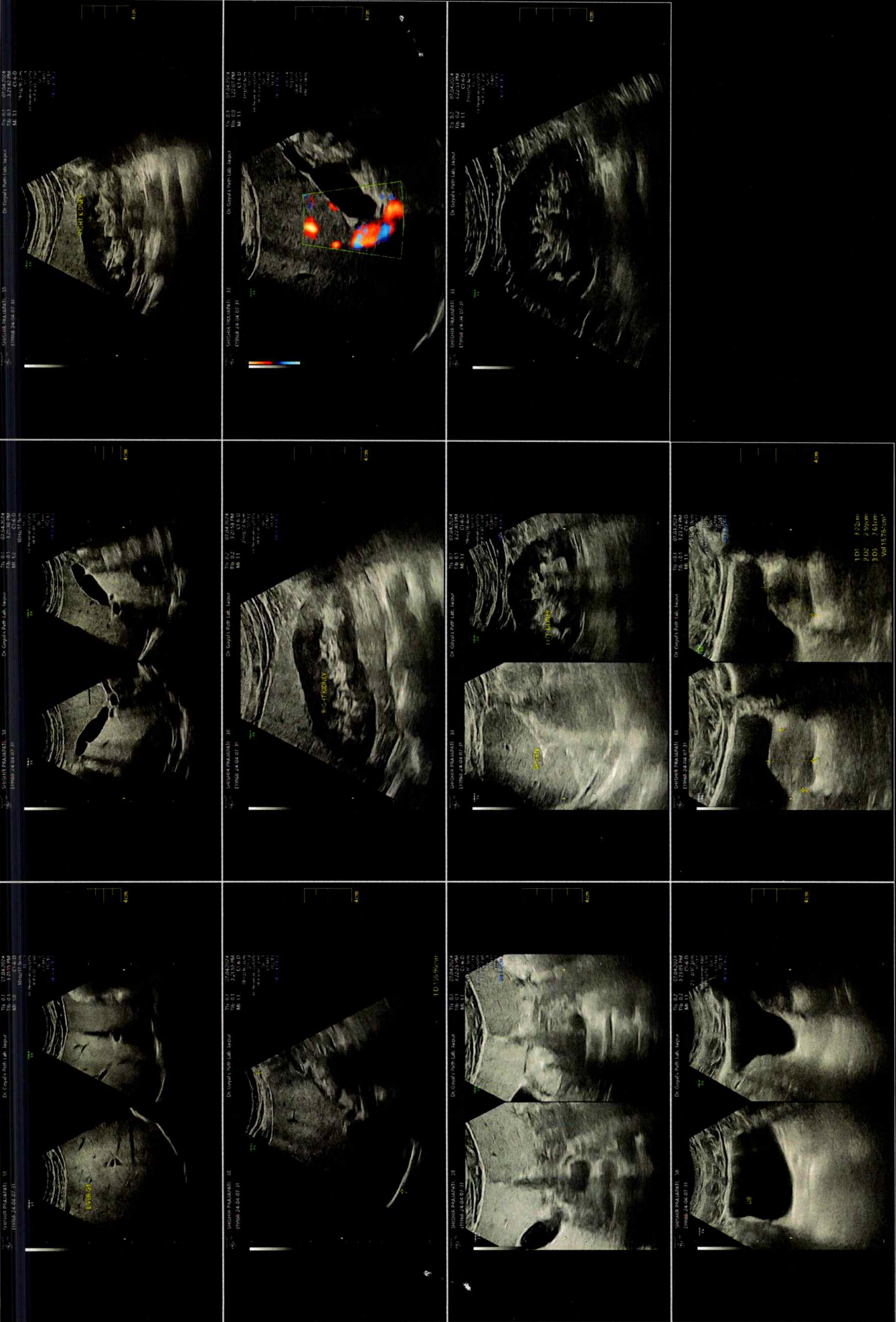
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ID1: 8.23mm

ID2: 2.93mm
ID3: 3.01mm
Vol: 1578cm³